

ENTERPRISE ACCOUNT CHANGE REQUEST

Transportation Information Systems

PART I (To be completed by the User requesting access with UAM assistance. **NOTE:** An additional sheet specifying Name, SSN, AKO Address, desired account changes, and Contact Information can be used for bulk account maintenance.)

1. Name (<i>Last, First, Middle</i>):	Grade/Rank:	2. Date:
3. User Id:		4. Email Address (AKO or NMCI only): (ako username)@us.army.mil

5. Account Maintenance :	
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Type of Account Maintenance:

☐ Add Access ☐ Change Access ☐ Remove Access

☐ Delete Account ☐ Disable Account ☐ Enable Account

NOTE: If you are requesting multiple actions on your account(s), please describe your requirements in the REMARKS section.

Type of Account: ☐ Training ☐ Operational (Production)

Application Access: ☐ TC-AIMS II ☐ AALPS ☐ TIS-TO

UIC Access:

Profile(s):	<input type="checkbox"/> Company UMO	<input type="checkbox"/> Battalion UMC	<input type="checkbox"/> Brigade UMC	<input type="checkbox"/> ITO
	<input type="checkbox"/> ITO Freight	<input type="checkbox"/> ITO Unit Move	<input type="checkbox"/> MCE	<input type="checkbox"/> Mode Operator
	<input type="checkbox"/> Mode Manager	<input type="checkbox"/> TTP/MP Manager	<input type="checkbox"/> Enterprise Training	<input type="checkbox"/> Read Only

REMARKS	
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REQUESTOR'S CONFIRMATION: I will abide by the user policy set forth in DoDI 8500.2, "Information Assurance (IS) Implementation", page 10, paragraphs 5.12.1 through 5.12.12. I will not exceed my authorized access, and will report changes in my "need to know" authorization, employment or duty status, or security status immediately to my designated User Account Manager (UAM).

Requestor's Signature: **X** Date:

Requestor's Signature: **X** Date: _____

PART II (To be completed by the Unit User Account Manager)	
ORGANIZATION UAM APPROVAL:	

ORGANIZATION UAM APPROVAL: I have reviewed this request and assure that the responsible individuals have correctly completed their respective parts and the nominee will use the account in an appropriate manner.

Organization UAM's Signature: **X** Date:

Organization UAM's Signature: **X** Date:

PART III (To be completed by TIS Personnel)	
Change Completed Date:	Change Completed By:

Change Completion Date:	Change Completed By:
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Instructions

Overview: The TIS Enterprise Account Change Request Form (TIS EACRF) is used to modify existing access to TIS Enterprise. This form can be completed by the existing user or their designated UAM. The TIS EACRF will be used for TIS account modifications within the training and operational environments.

The TIS EACRF consists of three (3) sections, each of which supports a principal participant in the account management process. Section one is to be completed by the user, with the UAMs assistance. The user **MUST** sign the Requestor's Confirmation. Section two must be completed by the user's designated UAM. The UAM **MUST** sign this form for TIS to make the requested change to the account. Section three will be completed by TIS personnel.

Instructions for Numbered Items:

PART I: The requestor provides Items 1 through 5 (with UAM assistance), and signs and dates in Requestor's Confirmation block.

1. Name: Provide the last name, first name, and middle name or initial of the nominee or user. If there is no middle name indicate by using "*NMN*." *For the Grade/Rank, please state your current military grade and rank. DoD civilians must provide their current GS-level.*
2. Date: The requestor should enter the date the request or action is initiated (mm/dd/yyyy).
3. User Id: The requestor's existing user id is provided in this field.
4. Email Address: Provide the requestor's email address in this field. TIS prefers that AKO or NMCI address be used for this requirement.
5. Account Maintenance: This section will allow the requestor and the UAM to define the changes to the TIS Enterprise account desired in both the training and operational environments. The following items are collected for this section:

Type of Account Maintenance: Requestor will be required to indicate what type of change is needed. The maintenance options are:

Add Access – Requestor can add additional application access or UIC access to their existing profile.

Change Access – Requestor can change the parameters of the existing access. This includes switching/exchanging profiles, changing account type, and changing published application access.

Remove Access – Requestor can remove specific access from an existing account. This includes removing UIC access, profile access, and application access.

Delete Account – This option is a request to delete the existing account. Justification **MUST** be provided by the UAM (in the Remarks section) for the account deletion. The account will be retained in a logically deleted status for a 15-day period. After 15 days, the account will be permanently deleted.

Disable Account – This option allows the requestor to disable (deactivate) an existing account. Justification **MUST** provided by the UAM (e.g. TDY, Deployment, Extended Leave, etc) in the Remarks section for the account deactivation.

Enable Account – This option allows the requestor to enable (re-activate) an account that had been previously deactivated. Justification **MUST** be provided by the UAM (in the Remarks section) for the account re-activation.

Application Access: Requestor must specify which applications will be needed for both training and operational use.

UIC Access: The requestor (with the assistance of their designated UAM) will specify the list of UICs to be added/removed.

Profiles: The requestor with UAM assistance must indicate which profiles will need to be assigned for the operational environment. Individuals that request a training account will automatically received the "Enterprise Training" profile. A list of the available profiles is available on the TIS Web Site.

Remarks: This is a free text section that allows the requestor to elaborate on the specific requirements of their request. Justifications will also be placed in this area.

Requestor's Confirmation: The requestor shall sign and date the TIS EACRF in this block. This signature indicates that the requestor understands that they are responsible and accountable for protection and appropriate use of their password and the access granted; and that they accept the obligations identified in the statement of accountability. Unauthorized or inappropriate use of the account can result in adverse action against the authorized user.

PART II: This section MUST be completed by the requestor's designated UAM. This confirms the UAM's intent and knowledge of the account modification. The TIS EACRF will NOT be processed without the UAMs signature.

PART III: This section will be completed by TIS personnel.